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February 17, 2010

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/532.203 01/09/2006 Gideon Drevfuss PENN-0882 6769 TITLE OF INVENTION: METHOD OF TREATING NEUROLOGICAL DISEASES AND DISORDERS APPLN, TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE \$300 \$1055 03/16/2010 nonprovisional YES \$755 FYAMINER ART UNIT CLASS-SUBCLASS JEAN-LOUIS, SAMIRA JM 1627 514-217000 1. Change of correspondence address or indication of "Fee Address" 2. For printing on the patent front page, list (37 CFR 1.363). (1) the names of up to 3 registered patent Change of correspondence address (or Change of attorneys or agents OR, alternatively, Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a "Fee Address" indication (or "Fee Address" Indication form registered attorney or agent) and the names of up to PTO/SB/47; Rev 03-02 or more recent) attached. Use of a 2 registered patent attorneys or agents. If no name is Customer Number is required, listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Philadelphia, Pennsylvania The Trustees of the University of Pennsylvania Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual Corporation or other private group entity

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